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|  | ***SOP/SWMS Review Checklist*** |

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| **Part 1 –Details** |
| Project name: |  |
| Company name: |  |
| SOP / SWMS Title(s): |  |
| Revision Number: |  |
| **Part 2 –Requirements** |
| Does your SWMS or SOP include: | Y/N/NA |
|  | Organisations name and date |  |
|  | Step-by-step sequence of undertaking the activity/work |  |
|  | Identification of the hazards associated with each step |  |
|  | Identification of potential risks associated with each hazard |  |
|  | Risk assessment of each risk identified using a risk rating matrix. |  |
|  | Identification of control measures for each risk using the hierarchy of controls |  |
|  | Names/positions of personnel responsible for each control measure |  |
|  | Any pre-starts requirements (e.g. permits) required for the activity/work. |  |
|  | Any OHS legislation and relevant standards/codes applicable to the activity/work. |  |
|  | Details of specific training required to undertake the activity/work |  |
|  | Details of any plant and equipment that will be required to undertake the activity/work. |  |
|  | List of required Personnel Protective Equipment (PPE). |  |
|  | Names of workers consulted and involved in the development of the SOP / SWMS. |  |
|  | Name of senior manager who has approved the SOP / SWMS |  |
|  | Verification that workers have been inducted into the SOP / SWMS and understand the content |  |
| **Part 3 – Comment on 'No' responses – how is the risk managed?** |
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| **Part 4 – Submission of SOP / SWMS** |
| Contractor Representative:I certify that the information provided in this checklist is true and accurate: |
| Name: |  | Role: |  |
| Signature: |  | Date: |  |
| Contract Manager (person engaging contractor):I have reviewed this checklist and confirm it has been completed by the contractor and the checklist indicates no non-compliances or where there are non-compliances these have been addressed by the contractor: |
| Name: |  | Role: |  |
| Signature: |  | Date: |  |